

**LETTERBOX**



**PENPAL  
BEFRIENDING**

# Referral form

Letterbox is a free penpal befriending service for socially isolated and lonely people. Our clients are carefully matched to volunteer befrienders, with whom they exchange supportive, friendly letters. Complete this form to refer yourself or someone you know.

If you are completing this form for yourself, go straight to: **Section 2 · About the client.**

## Section 1 · About the referrer

Name:

Phone:

Email:

Relationship:

If professional referrer, employer:

How did you hear about Omega?

## Section 2 · About the client

Title:

First name:

Last name:

Address line 1:

Address line 2:

Town / city:

County:

Postcode:

Date of birth:

Phone:

Mobile:

Email:

Would you prefer a penpal befriender who is:  Male  Female  Don't mind

Would you consider being matched to a young befriender:  Yes  No

Additional information - tick all that apply:

- Lives alone  Over 75  Bereaved  
 Caregiver  Former caregiver  Socially isolated

Continued overleaf

**Your general hobbies and interests - tick all that apply:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Animals           | <input type="checkbox"/> Arts / crafts | <input type="checkbox"/> Cooking / food |
| <input type="checkbox"/> Culture / history | <input type="checkbox"/> Family        | <input type="checkbox"/> Gardening      |
| <input type="checkbox"/> Music             | <input type="checkbox"/> Outdoors      | <input type="checkbox"/> Reading        |
| <input type="checkbox"/> Sports / fitness  |  |   |

**Specific details about your hobbies and interests, to help us match you with a penpal:**

  

**Significant life event(s) / information:**

  

**Please tick which ethnicity you identify with:**

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Asian         | <input type="checkbox"/> Asian British | <input type="checkbox"/> Black |
| <input type="checkbox"/> Black British | <input type="checkbox"/> Mixed         | <input type="checkbox"/> Other |
| <input type="checkbox"/> White         |  |                                |

**Would you describe your sexual orientation as:**

- |                                       |  |                                   |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Gay / Lesbian     | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Other        | <input type="checkbox"/> Prefer not to say |                                   |

**How did you hear about Omega?**

**Consent to storage of personal information on Omega's database - tick required:**

- I agree to Omega storing my information and sending me communications.

**Tick to subscribe to the Omega Newsletter by:**  Email  Post

**Signed:**  **Date:**

## Section 3 · Client's emergency contact

<b>Name:</b>	<input type="text"/>	<b>Phone:</b>	<input type="text"/>
<b>Email:</b>	<input type="text"/>	<b>Relationship:</b>	<input type="text"/>

Post this form to: Letterbox, Omega, London House, Town Walls, Shrewsbury, SY1 1TX